



## STATE OF ILLINOIS

Page 2

Facility Name & ID Number Apostolic Christian Timber Ridge# 0016220 Report Period Beginning: 07/01/2004 Ending: 06/30/2005

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	<u>98</u>	Intermediate/DD	<u>98</u>	<u>35,770</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>98</u>	TOTALS	<u>98</u>	<u>35,770</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>34,333</u>	<u>184</u>		<u>34,517</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>34,333</u>	<u>184</u>		<u>34,517</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 96.50%

D. How many bed-hold days during this year were paid by the Department?

416 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)NoneF. Does the facility maintain a daily midnight census? YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?  
YES ☐ NO ☒H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES ☐ NO ☒I. On what date did you start providing long term care at this location?  
Date started 10/1/1971

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date \_\_\_\_\_ NO ☒K. Was the facility certified for Medicare during the reporting year?  
YES ☐ NO ☒ If YES, enter number  
of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary \_\_\_\_\_

## IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED  
CASH\* ☐ CASH\* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 06/30/2005 Fiscal Year: 06/30/2005

\* All facilities other than governmental must report on the accrual basis.

## STATE OF ILLINOIS

Page 3

Facility Name &amp; ID Number      Apostolic Christian Timber Ridge      #      0016220      Report Period Beginning:      07/01/2004      Ending:      06/30/2005

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	266,058	16,563	4,053	286,674	(196)	286,478		286,478			1
2	Food Purchase		174,142		174,142		174,142		174,142			2
3	Housekeeping	75,293	13,973		89,266		89,266		89,266			3
4	Laundry	149,349	12,566		161,915	99	162,014		162,014			4
5	Heat and Other Utilities			112,774	112,774		112,774		112,774			5
6	Maintenance	94,635	18,137	25,862	138,634	4,181	142,815	(22,138)	120,677			6
7	Other (specify):*											7
8	<b>TOTAL General Services</b>	585,335	235,381	142,689	963,405	4,084	967,489	(22,138)	945,351			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			1,332	1,332		1,332		1,332			9
10	Nursing and Medical Records	851,769	216,693	273,143	1,341,605	(13,086)	1,328,519	(12,242)	1,316,277			10
10a	Therapy	1,313,164	6,505	8,356	1,328,025	(717)	1,327,308		1,327,308			10a
11	Activities	247,805	9,936		257,741	(31)	257,710		257,710			11
12	Social Services	293,901	4,711	15,467	314,079	(19,117)	294,962		294,962			12
13	CNA Training		2,627		2,627	34,022	36,649		36,649			13
14	Program Transportation		48,316		48,316	(9,250)	39,066	(19,777)	19,289			14
15	Other (specify):* <b>Day Programming</b>	106,512	2,503		109,015	(31)	108,984		108,984			15
16	<b>TOTAL Health Care and Programs</b>	2,813,151	291,291	298,298	3,402,740	(8,210)	3,394,530	(32,019)	3,362,511			16
	<b>C. General Administration</b>											
17	Administrative	78,137			78,137	(242)	77,895		77,895			17
18	Directors Fees											18
19	Professional Services			15,481	15,481		15,481		15,481			19
20	Dues, Fees, Subscriptions & Promotions			15,673	15,673		15,673	(2,438)	13,235			20
21	Clerical & General Office Expenses	82,078	29,681		111,759	1,372	113,131		113,131			21
22	Employee Benefits & Payroll Taxes			879,995	879,995		879,995	(26,338)	853,657			22
23	Inservice Training & Education			6,941	6,941		6,941		6,941			23
24	Travel and Seminar			5,090	5,090		5,090	(2,786)	2,304			24
25	Other Admin. Staff Transportation							(1,232)	(1,232)			25
26	Insurance-Prop.Liab.Malpractice			63,098	63,098		63,098		63,098			26
27	Other (specify):* <b>See Schedule</b>			36,089	36,089	(14,723)	21,366	(1,100)	20,266			27
28	<b>TOTAL General Administration</b>	160,215	29,681	1,022,367	1,212,263	(13,593)	1,198,670	(33,894)	1,164,776			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,558,701	556,353	1,463,354	5,578,408	(17,719)	5,560,689	(88,051)	5,472,638			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			146,834	146,834		146,834	(16,501)	130,333			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			5,899	5,899	(328)	5,571		5,571			35
36	Other (specify):* <b>Asset Management Fees</b>			44,336	44,336		44,336	(44,336)				36
37	<b>TOTAL Ownership</b>			197,069	197,069	(328)	196,741	(60,837)	135,904			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation					9,250	9,250	(9,250)				38
39	Ancillary Service Centers					8,797	8,797		8,797			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			289,299	289,299		289,299		289,299			42
43	Other (specify):* <b>Facility Bulletin</b>			2,989	2,989		2,989		2,989			43
44	<b>TOTAL Special Cost Centers</b>			292,288	292,288	18,047	310,335	(9,250)	301,085			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,558,701	556,353	1,952,711	6,067,765		6,067,765	(158,138)	5,909,627			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

## STATE OF ILLINOIS

Page 5

Facility Name &amp; ID Number Apostolic Christian Timber Ridge

# 0016220

Report Period Beginning:

07/01/2004

Ending:

06/30/2005

## VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$ (22,138)	6	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(44,336)	36		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,100)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(2,438)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(88,126)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (158,138)</b>		<b>\$</b>	<b>30</b>

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (158,138)</b>		<b>37</b>

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.  
(See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.	X		\$ 9,250	14	38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$ 9,250</b>		<b>47</b>

Apostolic Christian Timber RidgeID# 0016220Report Period Beginning: 07/01/2004Ending: 06/30/2005

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Offset day draining transportation income	\$ (12,242)	10	1
2	Offset day draining transportation income	(19,777)	14	2
3	Out-of-state Travel (Administrative Staff)	(1,232)	25	3
4	Depreciation of non-care vehicles	(16,501)	30	4
5	Offset medically necessary transportation income	(9,250)	38	5
6	Benefits allocated to day programming	(26,338)	22	6
7	Out-of-state Travel (In-service Training & Education)	(1,232)	24	7
8	Out-of-state Travel (Board of Directors)	(1,554)	24	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(88,126)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Apostolic Christian Timber Ridge# 0016220

Report Period Beginning:

07/01/2004

Ending:

06/30/2005

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(22,138)	0	0	0	0	0	0	0	0	0	0	(22,138)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(22,138)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(22,138)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(12,242)	0	0	0	0	0	0	0	0	0	0	(12,242)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(19,777)	0	0	0	0	0	0	0	0	0	0	(19,777)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(32,019)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(32,019)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(2,438)	0	0	0	0	0	0	0	0	0	0	(2,438)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	(26,338)	0	0	0	0	0	0	0	0	0	0	(26,338)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(2,786)	0	0	0	0	0	0	0	0	0	0	(2,786)	24
25	Other Admin. Staff Transportation	(1,232)	0	0	0	0	0	0	0	0	0	0	(1,232)	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(1,100)	0	0	0	0	0	0	0	0	0	0	(1,100)	27
28	<b>TOTAL General Administration</b>	<b>(33,894)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(33,894)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(88,051)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(88,051)</b>	<b>29</b>

## Summary B

06/30/2005

[illegible]



Facility Name & ID Number Apostolic Christian Timber Ridge# 0016220

Report Period Beginning:

07/01/2004

Ending:

06/30/2005

## VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Apostolic Christian Home for the Handicapped, Inc.	100%	Oakwood Estate	Morton	Community	Morton	Residential
		Linden Estate	Morton	Residential Services		Services for the Disabled

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☒ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number      Apostolic Christian Timber Ridge      #      0016220      Report Period Beginning:      07/01/2004      Ending:      06/30/2005

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	John Knobloch	Chairman	Director	0.00		0.5			\$		1
2	Richard Steffen	Director	Director	0.00		0.5					2
3	Dan Schumacher	Director	Director	0.00		1					3
4	Jerry Christensen	Vice-Chairman	Director	0.00		0.5					4
5	Ron Hodel	Director	Director	0.00		0.5					5
6	Jerry Kieser	Director	Director	0.00		0.5					6
7	Keith Pflum	Sec/ Treasurer	Director	0.00	156	0.5		Travel	470	line 24; col.3	7
8	Cleve Klopfenstein	Director	Director	0.00		0.5					8
9	Stan Virkler	Director	Director	0.00	134	0.5		Travel	406	line 24; col.3	9
10	Warren Zahner	Director	Director	0.00	378	0.5		Travel	1,148	line 24; col.3	10
11											11
12											12
13								TOTAL	\$ 2,024		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Apostolic Christian Timber Ridge# 0016220

Report Period Beginning:

07/01/2004

Ending:

6/30/2005

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Apostolic Christian Timber Ridge# 0016220

Report Period Beginning:

07/01/2004

Ending:

06/30/2005**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE****A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1							\$					\$	1
2													2
3													3
4													4
5													5
	Working Capital												
6													6
7													7
8													8
9	TOTAL Facility Related						\$					\$	9
	B. Non-Facility Related*												
10													10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$					\$	14
15	TOTALS (line 9+line14)						\$					\$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line # \_\_\_\_\_

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name & ID Number **Apostolic Christian Timber Ridge**# **0016220** Report Period Beginning: **07/01/2004** Ending: **06/30/2005****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>Important</b>, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. </div>																																
1. Real Estate Tax accrual used on 2004 report.		\$	1																													
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2																													
3. Under or (over) accrual (line 2 minus line 1).		\$	3																													
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4																													
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	5																													
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$      For      Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6																													
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	7																													
Real Estate Tax History:																																
Real Estate Tax Bill for Calendar Year:	<table border="1"> <tr><td>2000</td><td>8</td></tr> <tr><td>2001</td><td>9</td></tr> <tr><td>2002</td><td>10</td></tr> <tr><td>2003</td><td>11</td></tr> <tr><td>2004</td><td>12</td></tr> </table>	2000	8	2001	9	2002	10	2003	11	2004	12	<table border="1"> <tr><td colspan="3"><b>FOR OHF USE ONLY</b></td></tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2004</td> <td>\$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td>\$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6</td> <td>\$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td>\$</td> <td>16</td> </tr> </table>		<b>FOR OHF USE ONLY</b>			13	FROM R. E. TAX STATEMENT FOR 2004	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
2000	8																															
2001	9																															
2002	10																															
2003	11																															
2004	12																															
<b>FOR OHF USE ONLY</b>																																
13	FROM R. E. TAX STATEMENT FOR 2004	\$	13																													
14	PLUS APPEAL COST FROM LINE 5	\$	14																													
15	LESS REFUND FROM LINE 6	\$	15																													
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																													

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

**IMPORTANT NOTICE**

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions,

**2004 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Apostolic Christian Timber Ridge COUNTY Tazewell

FACILITY IDPH LICENSE NUMBER 0016220

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

**A. Summary of Real Estate Tax Costs**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ _____	\$ _____

**B. Real Estate Tax Cost Allocation:**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

**C. Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005

A. Square Feet:

50,135

B. General Construction Type:

Exterior

Brick

Frame

Fireproof Building

Number of Stories

1

C. Does the Operating Entity?

☒

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity?

☒

(a) Own the Equipment

☐

(b) Rent equipment from a Related Organization.

☐

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable)

Oakwood Estate (IDPA #0033712) is located adjacent to this property.

Type of business: Nursing Home (ICF/DD-16)

Square footage: Land - 91,781 sq ft; Building - 7,140 sq ft

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing Home	1,345,699	1969	\$ 54,397	1
2					2
3	TOTALS	1,345,699		\$ 54,397	3

## STATE OF ILLINOIS

Page 12

Facility Name &amp; ID Number    Apostolic Christian Timber Ridge

#    0016220

Report Period Beginning:

07/01/2004    Ending:    06/30/2005

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	44			1971	\$ 650,091	\$ 16,252	40	\$ 16,252	\$	\$ 542,434	4
5	54			1978	1,006,746	25,169	40	25,169		700,930	5
6											6
7											7
8											8
	Improvement Type**										
9	3--Original Storage Building			1974	8,047	201	40	201		6,413	9
10	4--Second Floor Storage			1975	281	7	40	7		214	10
11	5--Balcony Storage			1976	289	7	40	7		213	11
12	6--Tub & Water Heater			1976	448	11	40	11		331	12
13	19--New Addition Phase 2			1979	47,854	1,196	40	1,196		32,060	13
14	7--Additional Storage Building Phase 1			1981	4,660	117	40	117		2,855	14
15	21--Activity Room/ TVs			1981	1,265	32	40	32		786	15
16	8--Additional Storage Building Phase 2			1982	21,495	537	40	537		12,629	16
17	22--Front Entrance			1982	8,046	201	40	201		4,796	17
18	9--Electrical Upgrade			1983	126	3	40	3		71	18
19	23--Security System & Energy Saver			1983	9,724	243	40	243		5,557	19
20	24--Courtyard Foyer			1984	6,477	162	40	162		3,542	20
21	10--Garage Extension			1985	842	21	40	21		441	21
22	25--Nursing Foyer			1985	24,285	607	40	607		12,684	22
23	26--Upkeep (Windows,Furnace,Fixtures)			1986	9,877	247	40	247		4,915	23
24	27--North End & East Wing			1987	26,990	675	40	675		12,767	24
25	1--3 stall garage			1988	22,885	572	40	572		10,012	25
26	28--1988 Additions			1988	27,441	686	40	686		12,305	26
27	29--1989 Additions			1989	48,259	1,206	40	1,206		20,453	27
28	30--1990 Additions			1990	60,923	1,523	40	1,523		24,319	28
29	31--1991 Additions			1991	11,832	296	40	296		4,432	29
30	32--1992 Additions			1992	14,999	375	40	375		5,249	30
31	33--1994 Additions			1994	31,810	795	40	795		9,566	31
32	34--1995 Additions			1995	32,834	821	40	821		9,066	32
33	35--1996 Additions			1996	6,371	159	40	159		1,602	33
34	36--1997 Additions			1997	23,216	580	40	580		5,267	34
35	2--Garage Door for Van			1998	667	44	15	44		318	35
36	37--1998 Additions			1998	6,263	157	40	157		1,266	36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total



## STATE OF ILLINOIS

Page 12A

Facility Name &amp; ID Number Apostolic Christian Timber Ridge

# 0016220

Report Period Beginning:

07/01/2004 Ending: 06/30/2005

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	38--1999 Additions	1999	\$ 17,738	\$ 443	40	\$ 443		\$ 3,151		37
38	39--Air Conditioner	2000	1,882	47	40	47		259		38
39	40--Heat Pump	2000	3,100	78	40	78		427		39
40	41--Automatic Rear Door	2000	1,773	44	40	44		244		40
41	42--Power Panels/Generator	2000	14,000	350	40	350		1,925		41
42	43--Office Window to Lobby	2000	1,057	26	40	26		145		42
43	44--Exhaust Fan in Womens N Bathroom	2000	580	14	40	14		79		43
44	45--Dining Room Remodeling	2000	10,565	264	40	264		1,453		44
45	46--Fire Alarm Relay	2000	2,400	60	40	60		330		45
46	47--Remodel Bathrooms	2000	22,147	554	40	554		3,045		46
47	48--Water Coolers at both ends	2000	2,701	68	40	68		372		47
48	49--Roof Repairs	2000	1,133	28	40	28		156		48
49	471--Garage Lights	2001	1,400	93	15	93		420		49
50	472--OT/PT Decorating	2001	1,111	74	15	74		333		50
51	473--Slab Jacking	2001	1,312	87	15	87		394		51
52	474--Roof Replacement	2001	21,380	1,425	15	1,425		6,414		52
53	475--Roof Replacement	2001	16,779	1,119	15	1,119		5,034		53
54	476--Lobby Carpet and Redecorating	2001	11,774	785	15	785		3,532		54
55	477--Dining Room Remodeling	2001	3,308	221	15	221		992		55
56	478--Additional QMRP office (bv activities)	2001	2,393	160	15	160		718		56
57	479--Pipe Insulation	2001	2,613	174	15	174		784		57
58	480--North Resident Renovation	2001	4,632	309	15	309		1,389		58
59	481--Activity Room Remodeling	2001	1,903	127	15	127		571		59
60	482--Sourth Whirlpool Room	2001	2,676	178	15	178		803		60
61	483--Hand Rails	2001	2,844	190	15	190		853		61
62	484--South Living Remodeling	2001	5,107	341	15	341		1,532		62
63	537--Garage Door	2002	594	40	15	40		139		63
64	538--Key pad entrv for south end	2002	2,500	167	15	167		583		64
65	540--Water heater plumbing	2002	706	47	15	47		165		65
66	541--Water heaters	2002	8,482	565	15	565		1,979		66
67	542--Lighting - small office in lobby	2002	545	36	15	36		127		67
68	545--Air conditioner - south living room	2002	3,196	213	15	213		746		68
69	575--Roof on large garage	2003	8,941	596	15	596		1,490		69
70	TOTAL (lines 4 thru 69)		\$ 2,298,312	\$ 61,825		\$ 61,825		\$ 1,488,077		70

\*\*Improvement type must be detailed in order for the cost report to be considered complete

## STATE OF ILLINOIS

Page 12B

Facility Name &amp; ID Number    Apostolic Christian Timber Ridge

#    0016220

Report Period Beginning:

07/01/2004    Ending:    06/30/2005

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,298,312	\$ 61,825		\$ 61,825		\$ 1,488,077		1
2	576--Garage door on small garage	2003	647	43	15	43		108		2
3	613--Plumb and insulate water lines	2004	7,274	485	15	485		727		3
4	614--Flooring for Corridors	2004	23,007	1,534	15	1,534		2,301		4
5	616--Air Conditioner	2004	1,259	84	15	84		126		5
6	617--Courtvard Carpet	2004	981	65	15	65		98		6
7	618--Heat Pump & Blower	2004	4,885	326	15	326		489		7
8	619--Electrical for Fuel tanks	2004	1,686	112	15	112		169		8
9	620--Heat pump	2004	3,980	265	15	265		398		9
10	621--Foot valve for Hopper	2004	637	42	15	42		64		10
11	622--Bathroom partitions	2004	3,176	212	15	212		318		11
12	623--Air conditioner south wing	2004	1,181	79	15	79		118		12
13	276--Fully Depreciated Assets	1971	104,543		20			104,543		13
14	277--Gravel Driveway	1974	1,220		20			1,220		14
15	278--Gravel Driveway	1974	500		20			500		15
16	279--Chain Link Fence	1976	3,440		20			3,440		16
17	280--Road Prep for New addition	1976	5,769		20			5,769		17
18	281--Bar-B-Que Pit	1981	277		20			277		18
19	282--Electric & Water to Picnic Area	1981	783		20			783		19
20	283--Chain Link Fence	1982	38		20			38		20
21	284--Chain Link Fence	1983	5,843		20			5,843		21
22	285--Ornamental Fence	1985	565		20			565		22
23	286--South Patio	1985	1,008	25	20	25		1,008		23
24	287--Resurfacing Driveway	1986	22,000	1,100	20	1,100		21,450		24
25	288--Irrigation System & Landscaping	1990	2,585	129	20	129		2,065		25
26	289--South Patio Sod & Lighting	1990	1,408	70	20	70		1,115		26
27	290--Pole Light	1993	975	49	20	49		680		27
28	291--Asphalt Parking Lot & Driveway	1993	5,530	276	20	276		3,868		28
29	292--Landscape Courtvard	1993	3,954	198	20	198		2,587		29
30	293--Sewer Repair	1994	6,700	335	20	335		4,020		30
31	294--Tile Drain	1995	721	36	20	36		396		31
32	295--Asphalt Patching	1995	1,290	65	20	65		687		32
33	296--Excavate & Asphalt Drive	1997	15,136	757	20	757		6,811		33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,531,309	\$ 68,112		\$ 68,112		\$ 1,660,658		34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,531,309	\$ 68,112		\$ 68,112		\$ 1,660,658	1
2	297--Asphalt South Drive	1998	39,261	1,963	20	1,963		15,704	2
3	298--Install Parking Lot Light Poles	1999	4,000	200	20	200		1,300	3
4	299--Repair Asphalt	1999	3,500	175	20	175		1,138	4
5	511--Blacktop Ramp at Rear Entrance	2001	770	77	10	77		347	5
6	512--Landscape Drive Entrance	2001	1,447	96	15	96		434	6
7	513--Landscape around Timber Ridge	2001	1,230	82	15	82		369	7
8	564--Sidewalk/entry apron	2002	11,816	788	15	788		2,757	8
9	647--Catch Basin & Tile @ South Drive	2004	3,344	223	15	223		334	9
10	648--Garage Door Opener	2005	720	24	15	24		24	10
11	649--Canopy Lighting	2005	788	26	15	26		26	11
12	650--MPR Remodel	2005	14,256	475	15	475		475	12
13	651--North Living Room Floor	2005	4,649	155	15	155		155	13
14	652--North Snack Room Remodeling	2005	1,452	48	15	48		48	14
15	653--Office Remodeling	2005	1,447	48	15	48		48	15
16	654--South Snack Room Refrigerator	2005	469	34	7	34		34	16
17	655--South Snack Room Remodeling	2005	9,127	304	15	304		304	17
18	656--Speech Room Floor	2005	641	21	15	21		21	18
19	680--Driveway Repavement	2005	50,323	1,677	15	1,677		1,677	19
20	681--Concrete to Picnic Area	2005	9,858	329	15	329		329	20
21	682--Concrete Pad for Dumpster	2005	806	27	15	27		27	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,691,213	\$ 74,884		\$ 74,884		\$ 1,686,209	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name &amp; ID Number      Apostolic Christian Timber Ridge

#      0016220

Report Period Beginning:

07/01/2004

Ending:

06/30/2005

## XI. OWNERSHIP COSTS (continued)

## C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 398,279	\$ 42,248	\$ 42,248	\$	10	\$ 231,532	71
72	Current Year Purchases	100,085	6,512	6,512		10	6,943	72
73	Fully Depreciated Assets	502,691	5,877	5,877		10	502,691	73
74	Disposed Assets	13,544	812	812		7	12,732	74
75	TOTALS	\$ 1,014,599	\$ 55,449	\$ 55,449	\$		\$ 753,898	75

## D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

## E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,760,209	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 130,333	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 130,333	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,440,107	85

## F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Fully depreciated vehicles	\$ 219,533	\$ 5,976	\$ 219,533	86
87	Capitalized repairs	7,881	1,128	3,172	87
88	Vehicle Equipment	17,586	2,247	6,622	88
89	Vehicles	56,458	6,650	14,404	89
90	Disposed Assets	8,300	500	5,300	90
91	TOTALS	\$ 309,758	\$ 16,501	\$ 249,031	91

## G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			7

\*\*\*

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized  
by the length of the lease \_\_\_\_\_.

9. Option to Buy: ☐ YES ☐ NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 5,571

Description: Food pump, oxygen concentrator

(Attach a schedule detailing the breakdown of movable equipment)

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_/2006 \$ \_\_\_\_\_

13. \_\_\_\_\_/2007 \$ \_\_\_\_\_

14. \_\_\_\_\_/2008 \$ \_\_\_\_\_

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	21

\* If there is an option to buy the building,  
please provide complete details on attached  
schedule.

\*\* This amount plus any amortization of lease  
expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
		IN-HOUSE PROGRAM <input checked="" type="checkbox"/>	IN-HOUSE PROGRAM <input checked="" type="checkbox"/>
		IN OTHER FACILITY <input type="checkbox"/>	IN OTHER FACILITY <input type="checkbox"/>
		COMMUNITY COLLEGE <input type="checkbox"/>	HOURS PER CNA <u>40</u>
		HOURS PER CNA <u>80</u>	

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	980	1,059		2,039
3	Classroom Wages (a)	4,182	13,932		18,114
4	Clinical Wages (b)	2,091	27,863		29,954
5	In-House Trainer Wages (c)	1,480	19,721		21,201
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 8,733	\$ 62,575	\$	\$ 71,308
10	SUM OF line 9, col. 1 and 2 (e)	\$ 71,308			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	27
2. From other facilities (f)	15
DROP-OUTS	
1. From this facility	25
2. From other facilities (f)	1
TOTAL TRAINED	68

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

**XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)**

1		2		3		4		5		6		7		8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service	Cost	Units	Cost									
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1					
2	Licensed Speech and Language Development Therapist		hrs							2					
3	Licensed Recreational Therapist		hrs							3					
4	Licensed Physical Therapist		hrs							4					
5	Physician Care		visits							5					
6	Dental Care		visits							6					
7	Work Related Program		hrs							7					
8	Habilitation		hrs							8					
9	Pharmacy		# of prescripts							9					
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10					
10	Academic Education		hrs							11					
11	Exceptional Care Program									12					
12															
13	Other (specify):									13					
14	TOTAL			\$		\$	\$		\$	14					

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 611,055	\$ 613,055	1
2	Cash-Patient Deposits			2
	Accounts & Short-Term Notes Receivable-			
3	Patients (less allowance (4,000) )	829,745	1,113,575	3
4	Supply Inventory (priced at 25,792 )	25,792	32,600	4
5	Short-Term Investments	4,532,553	4,532,553	5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	17,638	28,169	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Employee & other receivables	98,020	100,659	9
	<b>TOTAL Current Assets</b>			
10	(sum of lines 1 thru 9)	\$ 6,114,803	\$ 6,420,611	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	365,035	786,391	13
14	Buildings, at Historical Cost	2,380,572	3,906,866	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,302,513	1,650,838	16
17	Accumulated Depreciation (book methods)	(2,671,103)	(3,640,609)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds	3,289,488	3,289,488	21
22	Other Long-Term Assets (specify: Investment in other fund)	3,293,721		22
23	Other(specify): Cash value life insurance	20,512	20,512	23
	<b>TOTAL Long-Term Assets</b>			
24	(sum of lines 11 thru 23)	\$ 7,980,738	\$ 6,013,486	24
	<b>TOTAL ASSETS</b>			
25	(sum of lines 10 and 24)	\$ 14,095,541	\$ 12,434,097	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 70,595	\$ 80,606	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	310,525	407,556	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)		1,602	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation	158,403	208,053	34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36				36
37				37
	<b>TOTAL Current Liabilities</b>			
38	(sum of lines 26 thru 37)	\$ 539,523	\$ 697,817	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
	<b>TOTAL Long-Term Liabilities</b>			
45	(sum of lines 39 thru 44)	\$	\$	45
	<b>TOTAL LIABILITIES</b>			
46	(sum of lines 38 and 45)	\$ 539,523	\$ 697,817	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 13,556,018	\$ 11,736,280	47
	<b>TOTAL LIABILITIES AND EQUITY</b>			
48	(sum of lines 46 and 47)	\$ 14,095,541	\$ 12,434,097	48

\*(See instructions.)



**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	<b>\$ 12,649,358</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	<b>\$ 12,649,358</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>739,328</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Cost to Market Adjustment on Investments</b>	<b>167,753</b>	<b>15</b>
<b>16</b>	Other (describe)	<b>(421)</b>	<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	<b>\$ 906,660</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	<b>\$</b>	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	<b>\$ 13,556,018</b>	<b>24</b>

\*

\* This must agree with page 17, line 47.

## STATE OF ILLINOIS

Page 19

Facility Name &amp; ID Number Apostolic Christian Timber Ridge

# 0016220

Report Period Beginning: 07/01/2004

Ending: 06/30/2005

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note:** This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 4,791,349	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 4,791,349	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants	79,909	10
11	CNA Training Reimbursements	58,512	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	8,737	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 147,158	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	1,142,901	24
25	Interest and Other Investment Income***	301,590	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,444,491	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See attached schedule</u>	424,278	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 424,278	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,807,276	30

2			
	Expenses	Amount	
<b>A. Operating Expenses</b>			
31	General Services	963,405	31
32	Health Care	3,402,740	32
33	General Administration	1,212,263	33
<b>B. Capital Expense</b>			
34	Ownership	197,069	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,989	35
36	Provider Participation Fee	289,299	36
<b>D. Other Expenses (specify):</b>			
37	<u>Other</u>	183	37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 6,067,948	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	739,328	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 739,328	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number **Apostolic Christian Timber Ridge**# **0016220**Report Period Beginning: **07/01/2004**Ending: **06/30/2005**

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,595	1,754	\$ 53,105	\$ 30.27	1
2	Assistant Director of Nursing	2,960	3,183	77,519	24.36	2
3	Registered Nurses	13,769	15,063	315,858	20.97	3
4	Licensed Practical Nurses	18,986	20,870	385,431	18.47	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,989	2,273	39,113	17.21	9
10	Activity Assistants	19,137	20,707	209,553	10.12	10
11	Social Service Workers	1,904	2,070	32,571	15.73	11
12	Dietician					12
13	Food Service Supervisor	1,880	2,146	39,318	18.32	13
14	Head Cook					14
15	Cook Helpers/Assistants	21,520	23,686	228,747	9.66	15
16	Dishwashers					16
17	Maintenance Workers	5,138	5,931	93,840	15.82	17
18	Housekeepers	7,672	8,018	75,296	9.39	18
19	Laundry	12,019	13,723	148,960	10.86	19
20	Administrator	1,441	1,691	78,137	46.22	20
21	Assistant Administrator					21
22	Other Administrative	989	1,085	27,640	25.47	22
23	Office Manager	997	1,122	18,889	16.83	23
24	Clerical	2,754	3,043	38,256	12.57	24
25	Vocational Instruction	2,503	2,783	42,826	15.39	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	9,244	10,110	154,714	15.30	28
29	Resident Services Coordinator	1,792	2,042	47,242	23.14	29
30	Habilitation Aides (DD Homes)	101,169	108,877	1,163,424	10.69	30
31	Medical Records					31
32	Other Health Care: OT/PT, Speech	11,702	12,969	181,587	14.00	32
33	Other(specify) <u>Day Program</u>	7,290	8,348	106,675	12.78	33
34	TOTAL (lines 1 - 33)	248,452	271,494	\$ 3,558,701 *	\$ 13.11	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	101	\$ 4,053	1-3	35
36	Medical Director	flat fee	1,332	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	flat fee	2,486	10-3	39
40	Physical Therapy Consultant	75	4,264	10a-3	40
41	Occupational Therapy Consultant	72	4,091	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	89	6,086	10a-3	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) <u>Psychologist</u>	55	5,500	12-3	46
47	<u>Psychiatrist Consultant</u>	41	3,274	12-3	47
48					48
49	TOTAL (lines 35 - 48)	433	\$ 31,086		49

## C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	851	\$ 28,245	10-3	50
51	Licensed Practical Nurses	735	23,982	10-3	51
52	Certified Nurse Assistants/Aides	11,408	218,430	10a-3	52
53	TOTAL (lines 50 - 52)	12,995	\$ 270,657		53

## XIX. SUPPORT SCHEDULES

A. Administrative Salaries				Ownership		D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description		Amount	Description		Amount		
Ron Messner	Administrator	0	\$ 78,137	Workers' Compensation Insurance		\$ 72,246	IDPH License Fee		\$		
				Unemployment Compensation Insurance		11,644	Advertising; Employee Recruitment		1,827		
				FICA Taxes		271,424	Health Care Worker Background Check (Indicate # of checks performed <u>97</u> )		847		
				Employee Health Insurance		378,446	Participation Fees & Certificates		218		
				Employee Meals		23,076	Dues (Chamber, Employers Assn, IHCA)		7,650		
				Illinois Municipal Retirement Fund (IMRF)*			Subscriptions (journals, news, etc.)		1,284		
				Employee Physicals		5,355	Driving Records Verification		1,404		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						10,233	Secretary of State		5		
						155,555					
B. Administrative - Other						(26,338)	Less: Public Relations Expense		(		
						677	Non-allowable advertising		(		
						(50,836)	Yellow page advertising		(		
						2,175					
							TOTAL (agree to Sch. V, line 20, col. 8)		\$ 13,235		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)						\$ 853,657					
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees							
Vendor/Payee	Type		Amount	Description	Line #	Amount	G. Schedule of Travel and Seminar**				
Heinold Banwart, LTD.	Acctg. & Consulting		\$ 13,368				Description				
							Amount				
							Out-of-State Travel				
							\$				
							Board of Directors travel				
							1,554				
							Administrative travel				
							1,232				
							In-State Travel				
							Board of Directors travel				
							231				
							Administrative travel				
							2,073				
							Seminar Expense				
							Less out of state travel				
							(2,786)				
							Entertainment Expense				
							(				
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)				
							TOTAL				
							\$ 2,304				

\* Attach copy of IMRF notifications

**\*\*See instructions.**

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS** (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

[illegible]

Facility Name & ID Number Apostolic Christian Timber Ridge

STATE OF ILLINOIS

# 0016220

Report Period Beginning: 07/01/2004

Page 23

Ending: 06/30/2005

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Health Care Association - \$5,140
- (3) Did the nursing home make political contributions or payments to a political organization? No If YES, have these costs been properly adjusted out of the cost report? n/a
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? n/a
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 77,362 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 289,299  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit: on Schedule V. \$ 14,251 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No, they have been adjusted out.  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? Yes If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 9,250  
c. What percent of all travel expense relates to transportation of nurses and patients? 90%  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a  
g. Does the facility transport residents to and from day training? Yes  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 70,659
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Heinold-Banwart, LTD. The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes If no, please explain.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? n/a  
Attach invoices and a summary of services for all architect and appraisal fees.

Apostolic Christian Timber Ridge  
FYE 06/30/2005  
Sub schedules

#016220

**Schedule V - Costs per General Ledger**

Lines	Description	Amount
43	Facility Bulletin / Newsletter	2,989
36	Investment Management Fees	43,429
36	Interest Expense	907
27	Dental costs	8,797
27	Charitable Contributions	1,100
27	Miscellaneous	20,266
	Other Expenses	<u>77,488</u>

**Schedule V - Reclassifications**

Lines	Description	Increase	Decrease
21	Communication equipment rental	328	
35	Communication equipment rental		328
11	Donated labor	-	
4	Donated labor	99	
6	Donated labor	4,428	
21	Donated labor	1,044	
10a	Donated labor	255	
12	Donated labor	100	
27	Donated labor		5,926
38	Medically necessary transportation	9,250	
14	Medically necessary transportation		9,250
13	Nurse aid trainer wages	34,022	
1	Nurse aid trainer wages		196
6	Nurse aid trainer wages		247
10	Nurse aid trainer wages		13,086
10a	Nurse aid trainer wages		972
11	Nurse aid trainer wages		31
12	Nurse aid trainer wages		19,217
15	Nurse aid trainer wages		31
17	Nurse aid trainer wages		242
39	Dental costs	8,797	
27	Dental costs		8,797
		<u>58,323</u>	<u>58,323</u>

**Schedule V, Line 39 - Ancillary Service Centers**

Dental costs for 124 visits	<u>\$ 8,797</u>
-----------------------------	-----------------

**Schedule VI B - Non-paid workers**

Lines	Description	Amount
31	Donated Labor	\$ 5,926
Department	Time in Hours	Time in Dollars
Activities	-	-
Laundry	18.00	99
Maintenance	442.75	4,428
Office	189.75	1,044
PT/OT	46.25	255
Social Service Programs	18.25	100
Totals	<u>715.00</u>	<u>\$ 5,926</u>

**Schedule VII - Compensation Received From Other Nursing Homes**

Stan Virkler - \$134 - reimbursement of travel expenses received  
from Oakwood Estate & Linden Estate  
Keith Pflum - \$156 - reimbursement of travel expenses received  
from Oakwood Estate & Linden Estate  
Warren Zahner - \$378 - reimbursement of travel expenses received  
from Oakwood Estate & Linden Estate

**Sch. XV - Balance Sheet, Line 22; Other Long-Term Assets**

Investment in Related Entities	<u>3,293,721</u>
--------------------------------	------------------

**Sch. XVII - Income Statement, Line 28; Other Revenue**

Developmental training	416,222
Farm Income	950
Insurance Proceeds	920
Employee Meals	<u>6,186</u>
	<u>424,278</u>

**Sch. XVIII - Income Statement, Line 41 - Income Before Taxes**

Income before taxes per cost report	739,328
Income from related parties	<u>(152,131)</u>
Estimated excess for year, Form 990, p.1, line 18	<u>587,197</u>

**Sch. XVIII - A. Staffing and Salary Costs**

Sch. V. Cost Center Expenses, Column 1, Row 45	3,558,701
Sch. XVIII - A. Staffing and Salary Costs, Column 3, Row 34	<u>(3,558,701)</u>
Variance	<u>-</u>

**Schedule XIX, D - Employee Benefits and Payroll Taxes - FICA calculation**

Salaries, Sch V, Line 45, Col 1	3,558,701
Add Prior Year PTO Accrual at 06/30/04	155,560
Less Current Year PTO Accrual at 06/30/05	(168,668)
Less: Section 125 Wages not applicable to FICA taxes	<u>(160,876)</u>
Less: Wages over FICA taxation limit of \$90k SS Wages (\$0 x 6.2%/7.65%	-
Add ACCS Wages	127,690
Add wages included in employee meal calculation	<u>14,251</u>
Cash basis salaries	3,526,658
FICA rate	7.650%
Calculated FICA	269,789
FICA per Sch XIX	<u>271,424</u>
Unknown variance	<u>(1,635)</u>

**Sch. XX - General Information**

12. Nurse Aide Trainer Wages:	
Administrator	242
Therapy / PT / OT	972
Activities Director	31
Day Program	31
Head Cook	196
Maintenance	247
Nursing	13,086
Soc. Serv. / QMRP	19,217
	<u>34,022</u>

14. A portion of office space is allocated to related entities based on number of beds.

16. Out of State Travel

**Administration**

Ron Messner, Administrator	379
Matthew Steffen, Business Manager	<u>853</u>
	<u>1,232</u>

**Board of Directors**

Stan Virkler	406
Warren Zahner	<u>1,148</u>
	<u>1,554</u>

**Nursing**

	-
	-
	<u>-</u>

**Cell:** A5  
**Comment:** Done  
2004

**Cell:** F5  
**Comment:** Done  
2004

**Cell:** J5  
**Comment:** Done  
2004

**Cell:** F7  
**Comment:** Done  
2004

**Cell:** F18  
**Comment:** Done  
2004

**Cell:** F32  
**Comment:** Done  
2004

**Cell:** J34  
**Comment:** Done  
2004

**Cell:** A42  
**Comment:** Done  
2004



APOSTOLIC CHRISTIAN TIMBER RIDGE, #0016220

ATTACHMENT TO SCHEDULE VII A

Related Organizations:

Oakwood Estate, Morton, IL	#0033712
Linden Estate, Morton, IL	#0039305

Board of Directors for Apostolic Christian Timber Ridge, Oakwood Estate, and Linden Estate:

John Knobloch, Chairman  
Jerry Christensen, Vice Chairman  
Keith Pflum, Secretary/ Treasurer  
Ron Hodel, Director  
Jerry Kieser, Director  
Cleve Klopfenstein, Director (term began 03/31/2005)  
Daniel Schumacher, Director  
Richard Steffen, Director (term ended 03/31/2005)  
Stan Virkler, Director  
Warren Zahner, Director

Note: The Board members are identical for all three organizations.

No members of the Board of Directors provided direct services to any of the nursing homes. No Board members have ownership in an entity that conducted business transactions with any of these nursing homes.

APOSTOLIC CHRISTIAN TIMBER RIDGE, #0016220

	Pioneer Park	PARC	Van- Pioneer Park	Cost per Trip	Cost per Day		Total Cost per Year	Less Depreciation	Reallocation Amounts	Sch. V Col. 7 Line #	Schedule for Reallocation
Trips per Day	2	2	1								
Miles per trip	40	40	40								
Gas/Depreciation Price per Mile	\$0.65	\$0.75	\$0.35								
Hours per trip	1 1/4	1 1/4	1 1/4								
Attendant Wages	\$8.50	\$8.50									
Driver Wages	\$12.75	\$12.75	\$10.50								
Gas & Depreciation	\$ 26.00	\$ 30.00	\$ 14.00	\$ 70.00	\$ 126.00	51.34%	36,278.20	(16,501.00)	19,777.00	14	Sch. VI Ln. 29
Depreciation					\$ -			16,501.00	16,501.00	Sch XI (F)	Sch. VI Ln. 29
Driver Wages	\$ 15.94	\$ 15.94	\$ 13.13	\$ 45.01	\$ 76.89	31.33%	22,138.34		22,138.00	6	Sch. VI Ln. 1
Attendant Wages	\$ 10.63	\$ 10.63	\$ -	\$ 21.26	\$ 42.52	17.33%	12,242.45		12,242.00	10	Sch. VI Ln. 29
Total	\$ 52.57	\$ 56.57	\$ 27.13	\$ 136.27	\$ 245.41		\$70,659.00		70,658.00		

**Cell:** I14

**Comment:** msteffen:  
from transportation income

## AIDE CLASSES

APOSTOLIC CHRISTIAN TIMBER RIDGE #0016220

From: 07/01/2004 to 06/30/2005

## CLASS DATE

CLASS DATE	TR						OE						LE						CILA					
	# of Students	CLASS		OJT		# of Students	CLASS		OJT		# of Students	CLASS		OJT		# of Students	CLASS		OJT					
		Hrs	Wages	HRS	Wages		Hrs	Wages	HRS	Wages		Hrs	Wages	HRS	Wages		Hrs	Wages	HRS	Wages				
completed	42	27	1,080	\$ 9,180.00	2160	\$ 18,360.00	4	160	\$ 1,360.00	320	\$ 2,720.00	4	160	\$ 1,360.00	320	\$ 2,720.00	7	280	\$ 2,380.00	560	\$ 4,760.00			
still enrolled, not complete	30	25	559	\$ 4,751.50	1118	\$ 9,503.00	2	64	\$ 544.00	128	\$ 1,088.00	1	17	\$ 144.50	34	\$ 289.00	2	74	\$ 629.00	148	\$ 1,258.00			
dropouts	26	25	246	\$ 2,091.00	492	\$ 4,182.00	0	0	\$ -	0	\$ -	0	0	\$ -	0	\$ -	1	18	\$ 153.00	36	\$ 306.00			
			\$ -	\$ -	0	\$ -		\$ -	\$ -	0	\$ -		\$ -	\$ -	0	\$ -		\$ -	0	\$ -				
			\$ -	\$ -	0	\$ -		\$ -	\$ -	0	\$ -		\$ -	\$ -	0	\$ -		\$ -	0	\$ -				
			\$ -	\$ -	0	\$ -		\$ -	\$ -	0	\$ -		\$ -	\$ -	0	\$ -		\$ -	0	\$ -				
Total		2658	77	1885	\$ 16,022.50	3770	\$ 32,045.00	6	224	\$ 1,904.00	448	\$ 3,808.00	5	177	\$ 1,504.50	354	\$ 3,009.00	10	372	\$ 3,162.00	744	\$ 6,324.00		

TRAINER WAGES								WAGES				Hours				
	Classification	Hours	Hourly Rate	Wages	Hours/Class	# of Classes		TR	OE	LE	CILA	TR	OE	LE	CILA	
	QMRP - Don Bowers	12q	30	\$ 16.56	\$	496.80	6	5	352.32	41.87	33.08	69.53	21.28	2.53	2.00	4.20
	Dietary Manager - Lori Brittain	1	15	\$ 18.42	\$	276.30	3	5	195.95	23.28	18.40	38.67	10.64	1.26	1.00	2.10
	ADON - Marcella Chapman	10	20	\$ 22.40	\$	448.00	4	5	317.71	37.75	29.83	62.70	14.18	1.69	1.33	2.80
	QMRP - Theresa Duhs	12q	20	\$ 16.70	\$	334.00	4	5	236.87	28.15	22.24	46.74	14.18	1.69	1.33	2.80
	RN Instructor - Inge Flinn	10	924	\$ 19.00	\$	17,556.00			12,450.36	1,479.51	1,169.08	2,457.05	655.28	77.87	61.53	129.32
	Maintenance - Gary Folkerts	6	15	\$ 23.18	\$	347.70	3	5	246.58	29.30	23.15	48.66	10.64	1.26	1.00	2.10
	Day Program - Kevin Pilger	15	3	\$ 17.66	\$	44.15	0.5	5	31.31	3.72	2.94	6.18	1.77	0.21	0.17	0.35
	Activities - Ed Chism	11	3	\$ 17.65	\$	44.13	0.5	5	31.29	3.72	2.94	6.18	1.77	0.21	0.17	0.35
	RSD - Evie Mogler	12r	3	\$ 20.11	\$	50.28	0.5	5	35.65	4.24	3.35	7.04	1.77	0.21	0.17	0.35
	RSD - Jenny Grow	12r	3	\$ 16.50	\$	41.25	0.5	5	29.25	3.48	2.75	5.77	1.77	0.21	0.17	0.35
	RSD - Rob Mooney	12r	3	\$ 16.66	\$	41.65	0.5	5	29.54	3.51	2.77	5.83	1.77	0.21	0.17	0.35
	Aide - Crystal Myers Johnson	10a	39	\$ 10.78	\$	420.42	6.5	6	298.15	35.43	28.00	58.84	27.66	3.29	2.60	5.46
	Aide - Shelly McLaughlin	10a	20	\$ 10.55	\$	211.00	5	4	149.64	17.78	14.05	29.53	14.18	1.69	1.33	2.80
	OT/PT - Kami Miller	10ot	20	\$ 16.71	\$	334.20	4	5	237.01	28.16	22.25	46.77	14.18	1.69	1.33	2.80
	RSD - Randy Mogler	12r	40	\$ 22.22	\$	888.80	8	5	630.32	74.90	59.19	124.39	28.37	3.37	2.66	5.60
	RSD - Randy Mogler	12r	0	\$ 22.22	\$	-	1	0	-	-	-	-	-	-	-	-
	DON - Anna Liza Raboza	10	15	\$ 29.90	\$	448.50	3	5	318.07	37.80	29.87	62.77	10.64	1.26	1.00	2.10
	Speech - Alisa Robb	10s	10	\$ 14.70	\$	147.00	2	5	104.25	12.39	9.79	20.57	7.09	0.84	0.67	1.40
	Speech - Alisa Robb	10s	18	\$ 14.70	\$	257.25	3.5	5	182.44	21.68	17.13	36.00	12.41	1.47	1.17	2.45
	Administrator - Helen Schuon	17	15	\$ 22.74	\$	341.10	3	5	241.90	28.75	22.71	47.74	10.64	1.26	1.00	2.10
	OJT Instructor - Lynn Wuthrich	12ojt	1859	\$ 13.58	\$	25,245.22			17,903.40	2,127.51	1,681.12	3,533.19	1,318.37	156.67	123.79	260.18
	OE								-	-	-	-	-	-	-	-
	RSD - Evie Mogler	12r	0	\$ 20.11	\$	-	5		-	-	-	-	-	-	-	-
	Administrator - Helen Schuon	17	0	\$ 22.74	\$	-	5		-	-	-	-	-	-	-	-
	LE								-	-	-	-	-	-	-	-
	RSD - Rob Mooney	12r	0	\$ 16.66	\$	-	5		-	-	-	-	-	-	-	-
					\$	-			-	-	-	-	-	-	-	-
	CILA								-	-	-	-	-	-	-	-
	RSD - Jenny Grow	12r	0	\$ 16.50	\$	-	5		-	-	-	-	-	-	-	-
									-	-	-	-	-	-	-	-
Total trainer wages								34,022.01	4,042.93	3,194.64	6,714.16	2,178.60	258.89	204.57	429.94	
			3072	\$	47,973.74											

Total trainer wages

3072

\$ 47,973.74

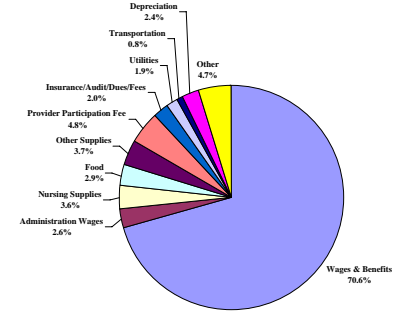
	TR	OE	LE	CILA
Drop-Outs	25	0	0	1
Number from this Facility				
Clinical Wages	\$ 4,182.00	\$ -	\$ -	\$ 306.00
Classroom Wages	\$ 2,091.00	\$ -	\$ -	\$ 153.00
In-House Trainer Wages	\$ 1,480.00	\$ -	\$ -	\$ 108.00
Completed	52	6	5	9
Number from this Facility				
Clinical Wages	\$ 13,932.00	\$ 1,904.00	\$ 1,505.00	\$ 3,009.00
Classroom Wages	\$ 27,863.00	\$ 448.00	\$ 3,009.00	\$ 6,018.00
In-House Trainer Wages	\$ 19,721.00	\$ 770.00	\$ 2,130.00	\$ 4,260.00

## Schedule V

	Line	TR	OE	LE	CILA
		Change	Change	Change	Change
Dietary	1	(196.00)	(23.00)	(18.00)	(39.00)
Maintenance	6	(247.00)	(29.00)	(23.00)	(49.00)
Nursing	10	(13,086.00)	(1,555.00)	(1,229.00)	(2,583.00)
Therapy	10a	(448.00)	(53.00)	(42.00)	(88.00)
OT/PT	10ot	(237.00)	(28.00)	(22.00)	(47.00)
Activities	11	(31.00)	(4.00)	(3.00)	(6.00)
RSD	12r	(725.00)	(86.00)	(68.00)	(143.00)
QMRP's	12q	(589.00)	(70.00)	(55.00)	(116.00)
Training Wage:	13	34,022.00	4,043.00	3,195.00	6,714.00
Day Program	15	(31.00)	(4.00)	(3.00)	(6.00)
Administrator	17	(242.00)	(29.00)	(23.00)	(48.00)
OJT	12ojt	(17,903.00)	(2,128.00)	(1,681.00)	(3,533.00)
Speech	10s	(287.00)	(34.00)	(27.00)	(57.00)
Adjustment	10	-	-	(1.00)	1.00
		-	-	-	-

# Apostolic Christian Timber Ridge -- 0016220

	Salary/Wage	Supplies	Other	Total	Reclass-ification	Total	Cost / Day Resident Days 34,517	Adjust-ments	Adjusted Total	Cost / Day Resident Days 34,517	% of Total Costs	% of Daily Rate	Staff Hours/ Day
<b>A. General Services</b>													
1 Dietary	266,058	16,563	4,053	286,674	(196)	286,478	\$8.30	-	286,478	\$8.30	4.8%	6.0%	0.68
2 Food Purchase	-	174,142	-	174,142	-	174,142	\$5.05	-	174,142	\$5.05	2.9%	3.6%	
3 Housekeeping	75,293	13,973	-	89,266	-	89,266	\$2.59	-	89,266	\$2.59	1.5%	1.9%	0.22
4 Laundry	149,349	12,566	-	161,915	99	162,014	\$4.69	-	162,014	\$4.69	2.7%	3.4%	0.35
5 Heat and Other Utilities	-	-	112,774	112,774	-	112,774	\$3.27	-	112,774	\$3.27	1.9%	2.4%	
6 Maintenance	94,635	18,137	25,862	138,634	4,181	142,815	\$4.14	(22,138)	120,677	\$3.50	2.0%	2.5%	0.15
7 Other (specify):*	-	-	-	-	-	\$0.00	-	-	-	\$0.00	0.0%	0.0%	
<b>8 TOTAL General Services</b>	<b>585,335</b>	<b>235,381</b>	<b>142,689</b>	<b>963,405</b>	<b>4,084</b>	<b>967,489</b>	<b>\$28.03</b>	<b>(22,138)</b>	<b>945,351</b>	<b>\$27.39</b>	<b>16.0%</b>	<b>19.8%</b>	<b>1.40</b>
<b>B. Health Care and Programs</b>													
9 Medical Director	-	-	1,332	1,332	-	1,332	\$0.04	-	1,332	\$0.04	0.0%	0.0%	
10 Nursing and Medical Records	851,769	216,693	273,143	1,341,605	(13,086)	1,328,519	\$38.49	(12,242)	1,316,277	\$38.13	22.3%	27.5%	1.08
10a Therapy	1,313,164	6,505	8,356	1,328,025	(717)	1,327,308	\$38.45	-	1,327,308	\$38.45	22.5%	27.7%	3.27
11 Activities	247,805	9,936	-	257,741	(31)	257,710	\$7.47	-	257,710	\$7.47	4.4%	5.4%	0.61
12 Social Services	293,901	4,711	15,467	314,079	(19,117)	294,962	\$8.55	-	294,962	\$8.55	5.0%	6.2%	0.37
13 CNA Training	-	2,627	-	2,627	34,022	36,649	\$1.06	-	36,649	\$1.06	0.6%	0.8%	0.07
14 Program Transportation	-	48,316	-	48,316	(9,250)	39,066	\$1.13	(19,777)	19,289	\$0.56	0.3%	0.4%	
15 Other (specify):*	106,512	2,503	-	109,015	(31)	108,984	\$3.16	-	108,984	\$3.16	1.8%	2.3%	
<b>16 TOTAL Health Care and Programs</b>	<b>2,813,151</b>	<b>291,291</b>	<b>298,298</b>	<b>3,402,740</b>	<b>(8,210)</b>	<b>3,394,530</b>	<b>\$98.34</b>	<b>(32,019)</b>	<b>3,362,511</b>	<b>\$97.42</b>	<b>56.9%</b>	<b>70.3%</b>	<b>5.41</b>
<b>C. General Administration</b>													
17 Administrative	78,137	-	-	78,137	(242)	77,895	\$2.26	-	77,895	\$2.26	1.3%	1.6%	0.04
18 Directors Fees	-	-	-	-	-	\$0.00	-	-	-	\$0.00	0.0%	0.0%	
19 Professional Services	-	-	15,481	15,481	-	15,481	\$0.45	-	15,481	\$0.45	0.3%	0.3%	
20 Dues, Fees, Subscriptions & Promotions	-	-	15,673	15,673	-	15,673	\$0.45	(2,438)	13,235	\$0.38	0.2%	0.3%	
21 Clerical & General Office Expenses	82,078	29,681	-	111,759	1,372	113,131	\$3.28	-	113,131	\$3.28	1.9%	2.4%	0.14
22 Employee Benefits & Payroll Taxes	-	-	879,995	879,995	-	879,995	\$25.49	(26,338)	853,657	\$24.73	14.4%	17.8%	
23 Inservice Training & Education	-	-	6,941	6,941	-	6,941	\$0.20	-	6,941	\$0.20	0.1%	0.1%	
24 Travel and Seminar	-	-	5,090	5,090	-	5,090	\$0.15	(2,786)	2,304	\$0.07	0.0%	0.0%	
25 Other Admin. Staff Transportation	-	-	-	-	-	\$0.00	(1,232)	(1,232)	(\$0.04)	\$0.00	0.0%	0.0%	
26 Insurance-Prop.Liab.Malpractice	-	-	63,098	63,098	-	63,098	\$1.83	-	63,098	\$1.83	1.1%	1.3%	
27 Other (specify):*	-	-	36,089	36,089	(14,723)	21,366	\$0.62	(1,100)	20,266	\$0.59	0.3%	0.4%	
<b>28 TOTAL General Administration</b>	<b>160,215</b>	<b>29,681</b>	<b>1,022,367</b>	<b>1,212,263</b>	<b>(13,593)</b>	<b>1,198,670</b>	<b>\$34.73</b>	<b>(33,894)</b>	<b>1,164,776</b>	<b>\$33.74</b>	<b>19.7%</b>	<b>24.3%</b>	<b>0.18</b>
<b>TOTAL Operating Expense</b>	<b>3,558,701</b>	<b>556,353</b>	<b>1,463,354</b>	<b>5,578,408</b>	<b>(17,719)</b>	<b>5,560,689</b>	<b>\$161.10</b>	<b>(88,051)</b>	<b>5,472,638</b>	<b>\$158.55</b>	<b>92.6%</b>	<b>114.4%</b>	<b>6.99</b>
<b>D. Ownership</b>													
30 Depreciation	-	-	146,834	146,834	-	146,834	\$4.25	(16,501)	130,333	\$3.78	2.2%	2.7%	
31 Amortization of Pre-Op. & Org.	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	
32 Interest	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	
33 Real Estate Taxes	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	
34 Rent-Facility & Grounds	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	
35 Rent-Equipment & Vehicles	-	-	5,899	5,899	(328)	5,571	\$0.16	-	5,571	\$0.16	0.1%	0.1%	
36 Other (specify):*	-	-	44,336	44,336	-	44,336	\$1.28	(44,336)	-	\$0.00	0.0%	0.0%	
<b>37 TOTAL Ownership</b>	<b>-</b>	<b>-</b>	<b>197,069</b>	<b>197,069</b>	<b>(328)</b>	<b>196,741</b>	<b>\$5.70</b>	<b>(60,837)</b>	<b>135,904</b>	<b>\$3.94</b>	<b>2.3%</b>	<b>2.8%</b>	<b>-</b>
<b>E. Special Cost Centers</b>													
38 Medically Necessary Transportation	-	-	-	-	9,250	9,250	\$0.27	(9,250)	-	\$0.00	0.0%	0.0%	
39 Ancillary Service Centers	-	-	-	-	8,797	8,797	\$0.25	-	8,797	\$0.25	0.1%	0.2%	
40 Barber and Beauty Shops	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	
41 Coffee and Gift Shops	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	
42 Provider Participation Fee	-	-	289,299	289,299	-	289,299	\$8.38	-	289,299	\$8.38	4.9%	6.0%	
43 Other (specify):*	-	-	2,989	2,989	-	2,989	\$0.09	-	2,989	\$0.09	0.1%	0.1%	
<b>44 TOTAL Special Cost Centers</b>	<b>-</b>	<b>-</b>	<b>292,288</b>	<b>292,288</b>	<b>18,047</b>	<b>310,335</b>	<b>\$8.99</b>	<b>(9,250)</b>	<b>301,085</b>	<b>\$8.72</b>	<b>5.1%</b>	<b>6.3%</b>	<b>-</b>
<b>45 GRAND TOTAL</b>	<b>3,558,701</b>	<b>556,353</b>	<b>1,952,711</b>	<b>6,067,765</b>	<b>-</b>	<b>6,067,765</b>	<b>\$175.79</b>	<b>(158,138)</b>	<b>5,909,627</b>	<b>\$171.21</b>	<b>100.0%</b>	<b>123.5%</b>	<b>6.99</b>
<b>Current Reimbursement Rate</b>							<b>\$138.59</b>			<b>\$138.59</b>	<b>80.9%</b>	<b>100.0%</b>	
<b>Gain/(Loss) Per Resident / Day</b>							<b>(37.20)</b>			<b>(32.62)</b>	<b>-19.1%</b>	<b>-23.5%</b>	
<b>% of Costs Per Area</b>							<b>-26.8%</b>			<b>-23.5%</b>			



Symbol	Company Name	Country	Exchange	Current Price (USD)	52-Week High (USD)	52-Week Low (USD)	Market Cap (USD)	Volume (Shares)	Dividend Yield (%)
GOOGL	Alphabet Inc. Class A	USA	NASDAQ	2,850.00	2,900.00	2,700.00	2,800,000,000,000	10,000,000,000	0.00%
AMZN	Amazon.com Inc.	USA	NASDAQ	145.00	150.00	135.00	1,500,000,000,000	5,000,000,000	0.00%
MSFT	Microsoft Corporation	USA	NASDAQ	340.00	350.00	320.00	2,500,000,000,000	8,000,000,000	0.00%
FB	Meta Platforms Inc.	USA	NASDAQ	280.00	290.00	260.00	1,200,000,000,000	4,000,000,000	0.00%
BRK.A	Berkshire Hathaway Inc. Class A	USA	NYSE	340.00	350.00	320.00	500,000,000,000	1,000,000,000	0.00%
APPL	Apple Inc.	USA	NASDAQ	170.00	175.00	160.00	2,500,000,000,000	10,000,000,000	0.00%
ADBE	Adobe Inc.	USA	NASDAQ	520.00	530.00	500.00	250,000,000,000	2,000,000,000	0.00%
CRM	Salesforce Inc.	USA	NASDAQ	240.00	250.00	220.00	150,000,000,000	3,000,000,000	0.00%
ORCL	Oracle Corporation	USA	NASDAQ	110.00	115.00	100.00	300,000,000,000	4,000,000,000	0.00%
IBM	International Business Machines Corp.	USA	NYSE	160.00	165.00	150.00	150,000,000,000	3,000,000,000	0.00%
WAT	Watson Pharmaceuticals Inc.	USA	NASDAQ	180.00	190.00	170.00	50,000,000,000	1,000,000,000	0.00%
CVX	Chevron Corporation	USA	NYSE	140.00	145.00	130.00	250,000,000,000	2,000,000,000	0.00%
PG	Procter & Gamble Company	USA	NYSE	130.00	135.00	120.00	350,000,000,000	3,000,000,000	0.00%
DIS	Walt Disney Company	USA	NYSE	110.00	115.00	100.00	200,000,000,000	3,000,000,000	0.00%
INTC	Intel Corporation	USA	NASDAQ	35.00	40.00	30.00	100,000,000,000	5,000,000,000	0.00%
QCOM	Qualcomm Inc.	USA	NASDAQ	120.00	125.00	110.00	150,000,000,000	2,000,000,000	0.00%
TXN	Texas Instruments Inc.	USA	NASDAQ	160.00	165.00	150.00	100,000,000,000	1,000,000,000	0.00%
AMD	Advanced Micro Devices Inc.	USA	NASDAQ	100.00	105.00	90.00	150,000,000,000	3,000,000,000	0.00%
AVGO	Broadcom Inc.	USA	NASDAQ	280.00	290.00	260.00	100,000,000,000	1,000,000,000	0.00%
MRNA	Moderna Inc.	USA	NASDAQ	100.00	110.00	80.00	50,000,000,000	2,000,000,000	0.00%
REG	Regeneron Pharmaceuticals Inc.	USA	NASDAQ	800.00	850.00	750.00	50,000,000,000	500,000,000	0.00%
VRTX	Vertex Pharmaceuticals Inc.	USA	NASDAQ	400.00	420.00	380.00	40,000,000,000	500,000,000	0.00%
BIIB	Beigene Biotech Inc.	USA	NASDAQ	200.00	210.00	190.00	30,000,000,000	500,000,000	0.00%
CRMR	Carisma Therapeutics Inc.	USA	NASDAQ	150.00	160.00	140.00	20,000,000,000	500,000,000	0.00%
MRK	Merck & Co. Inc.	USA	NYSE	120.00	125.00	110.00	300,000,000,000	3,000,000,000	0.00%
PFE	Pfizer Inc.	USA	NYSE	30.00	35.00	25.00	250,000,000,000	5,000,000,000	0.00%
ABBV	Abbott Laboratories	USA	NYSE	140.00	145.00	130.00	200,000,000,000	2,000,000,000	0.00%
LLY	Eli Lilly and Company	USA	NYSE	280.00	290.00	260.00	150,000,000,000	1,000,000,000	0.00%
UNH	UnitedHealth Group Inc.	USA	NYSE	240.00	250.00	220.00	400,000,000,000	3,000,000,000	0.00%
CVS	CVS Health Corporation	USA	NYSE	60.00	65.00	50.00	200,000,000,000	3,000,000,000	0.00%
WAL	Walgreens Boots Alliance Inc.	USA	NYSE	80.00	85.00	70.00	150,000,000,000	3,000,000,000	0.00%
MRG	Morgan Stanley	USA	NYSE	90.00	95.00	80.00	100,000,000,000	2,000,000,000	0.00%
GS	Goldman Sachs Group Inc.	USA	NYSE	350.00	360.00	330.00	100,000,000,000	1,000,000,000	0.00%
JPM	JP Morgan Chase & Co.	USA	NYSE	150.00	155.00	140.00	400,000,000,000	3,000,000,000	0.00%
BAC	Bank of America Corporation	USA	NYSE	30.00	32.00	28.00	300,000,000,000	5,000,000,000	0.00%
WFC	Wells Fargo Bank Inc.	USA	NYSE	40.00	42.00	38.00	200,000,000,000	3,000,000,000	0.00%
C	Citigroup Inc.	USA	NYSE	50.00	55.00	45.00	150,000,000,000	3,000,000,000	0.00%
COF	Capital One Financial Corp.	USA	NYSE	130.00	135.00	120.00	100,000,000,000	1,000,000,000	0.00%
DFS	Dominion Financial Services Inc.	USA	NYSE	100.00	105.00	90.00	50,000,000,000	500,000,000	0.00%
MTB	Mutual Shares Bancorp.	USA	NYSE	80.00	85.00	70.00	40,000,000,000	400,000,000	0.00%
FFIN	First Financial Bancorp.	USA	NYSE	70.00	75.00	60.00	30,000,000,000	300,000,000	0.00%
MTSI	Motor Vehicle Technology Inc.	USA	NYSE	60.00	65.00	50.00	20,000,000,000	200,000,000	0.00%
WALD	Walbridge Inc.	USA	NYSE	50.00	55.00	40.00	10,000,000,000	100,000,000	0.00%
WAL	Walgreens Boots Alliance Inc.	USA	NYSE	80.00	85.00	70.00	150,000,000,000	3,000,000,000	0.00%
MRG	Morgan Stanley	USA	NYSE	90.00	95.00	80.00	100,000,000,000	2,000,000,000	0.00%
GS	Goldman Sachs Group Inc.	USA	NYSE	350.00	360.00	330.00	100,000,000,000	1,000,000,000	0.00%
JPM	JP Morgan Chase & Co.	USA	NYSE	150.00	155.00	140.00	400,000,000,000	3,000,000,000	0.00%
BAC	Bank of America Corporation	USA	NYSE	30.00	32.00	28.00	300,000,000,000	5,000,000,000	0.00%
WFC	Wells Fargo Bank Inc.	USA	NYSE	40.00	42.00	38.00	200,000,000,000	3,000,000,000	0.00%
C	Citigroup Inc.	USA	NYSE	50.00	55.00	45.00	150,000,000,000	3,000,000,000	0.00%
COF	Capital One Financial Corp.	USA	NYSE	130.00	135.00	120.00	100,000,000,000	1,000,000,000	0.00%
DFS	Dominion Financial Services Inc.	USA	NYSE	100.00	105.00	90.00	50,000,000,000	500,000,000	0.00%
MTB	Mutual Shares Bancorp.	USA	NYSE	80.00	85.00	70.00	40,000,000,000	400,000,000	0.00%
FFIN	First Financial Bancorp.	USA	NYSE	70.00	75.00	60.00	30,000,000,000	300,000,000	0.00%
MTSI	Motor Vehicle Technology Inc.	USA	NYSE	60.00	65.00	50.00	20,000,000,000	200,000,000	0.00%
WALD	Walbridge Inc.	USA	NYSE	50.00	55.00	40.00	10,000,000,000	100,000,000	0.00%
WAL	Walgreens Boots Alliance Inc.	USA	NYSE	80.00	85.00	70.00	150,000,000,000	3,000,000,000	0.00%
MRG	Morgan Stanley	USA	NYSE	90.00	95.00	80.00	100,000,000,000	2,000,000,000	0.00%
GS	Goldman Sachs Group Inc.	USA	NYSE	350.00	360.00	330.00	100,000,000,000	1,000,000,000	0.00%
JPM	JP Morgan Chase & Co.	USA	NYSE	150.00	155.00	140.00	400,000,000,000	3,000,000,000	0.00%
BAC	Bank of America Corporation	USA	NYSE	30.00	32.00	28.00	300,000,000,000	5,000,000,000	0.00%
WFC	Wells Fargo Bank Inc.	USA	NYSE	40.00	42.00	38.00	200,000,000,000	3,000,000,000	0.00%
C	Citigroup Inc.	USA	NYSE	50.00	55.00	45.00	150,000,000,000	3,000,000,000	0.00%
COF	Capital One Financial Corp.	USA	NYSE	130.00	135.00	120.00	100,000,000,000	1,000,000,000	0.00%
DFS	Dominion Financial Services Inc.	USA	NYSE	100.00	105.00	90.00	50,000,000,000	500,000,000	0.00%
MTB	Mutual Shares Bancorp.	USA	NYSE	80.00	85.00	70.00	40,000,000,000	400,000,000	0.00%
FFIN	First Financial Bancorp.	USA	NYSE	70.00	75.00	60.00	30,000,000,000	300,000,000	0.00%
MTSI	Motor Vehicle Technology Inc.	USA	NYSE	60.00	65.00	50.00	20,000,000,000	200,000,000	0.00%
WALD	Walbridge Inc.	USA	NYSE	50.00	55.00	40.00	10,000,000,000	100,000,000	0.00%
WAL	Walgreens Boots Alliance Inc.	USA	NYSE	80.00	85.00	70.00	150,000,000,000	3,000,000,000	0.00%
MRG	Morgan Stanley	USA	NYSE	90.00	95.00	80.00	100,000,000,000	2,000,000,000	0.00%
GS	Goldman Sachs Group Inc.	USA	NYSE	350.00	360.00	330.00	100,000,000,000	1,000,000,000	0.00%
JPM	JP Morgan Chase & Co.	USA	NYSE	150.00	155.00	140.00	400,000,000,000	3,000,000,000	0.00%
BAC	Bank of America Corporation	USA	NYSE	30.00	32.00	28.00	300,000,000,000	5,000,000,000	0.00%
WFC	Wells Fargo Bank Inc.	USA	NYSE	40.00	42.00	38.00	200,000,000,000	3,000,000,000	0.00%
C	Citigroup Inc.	USA	NYSE	50.00	55.00	45.00	150,000,000,000	3,000,000,000	0.00%
COF	Capital One Financial Corp.	USA	NYSE	130.00	135.00	120.00	100,000,000,000	1,000,000,000	0.00%
DFS	Dominion Financial Services Inc.	USA	NYSE	100.00	105.00	90.00	50,000,000,000	500,000,000	0.00%
MTB	Mutual Shares Bancorp.	USA	NYSE	80.00	85.00	70.00	40,000,000,000	400,000,000	0.00%
FFIN	First Financial Bancorp.	USA	NYSE	70.00	75.00	60.00	30,000,000,000	300,000,000	0.00%
MTSI	Motor Vehicle Technology Inc.	USA	NYSE	60.00	65.00	50.00	20,000,000,000	200,000,000	0.00%
WALD	Walbridge Inc.	USA	NYSE	50.00	55.00	40.00	10,000,000,000	100,000,000	0.00%
WAL	Walgreens Boots Alliance Inc.	USA	NYSE	80.00	85.00	70.00	150,000,000,000	3,000,000,000	0.00%
MRG	Morgan Stanley	USA	NYSE	90.00	95.00	80.00	100,000,000,000	2,000,000,000	0.00%
GS	Goldman Sachs Group Inc.	USA	NYSE	350.00	360.00	330.00	100,000,000,000	1,000,000,000	0.00%
JPM	JP Morgan Chase & Co.	USA	NYSE	150.00	155.00	140.00	400,000,000,000	3,000,000,000	0.00%
BAC	Bank of America Corporation	USA	NYSE	30.00	32.00	28.00	300,000,000,000	5,000,000,000	0.00%
WFC	Wells Fargo Bank Inc.	USA	NYSE	40.00	42.00	38.00	200,000,000,000	3,000,000,000	0.00%
C	Citigroup Inc.	USA	NYSE	50.00	55.00	45.00	150,000,000,000	3,000,000,000	0.00%
COF	Capital One Financial Corp.	USA	NYSE	130.00	135.00	120.00	100,000,000,000	1,000,000,000	0.00%
DFS	Dominion Financial Services Inc.	USA	NYSE	100.00	105.00	90.00	50,000,000,000	500,000,000	0.00%
MTB	Mutual Shares Bancorp.	USA	NYSE	80.00	85.00	70.00	40,000,000,000	400,000,000	0.00%
FFIN	First Financial Bancorp.	USA	NYSE	70.00	75.00	60.00	30,000,000,000	300,000,000	0.00%
MTSI	Motor Vehicle Technology Inc.	USA	NYSE	60.00	65.00	50.00	20,000,000,000	200,000,000	0.00%
WALD	Walbridge Inc.	USA	NYSE	50.00	55.00	40.00	10,000,000,000	100,000,000	0.00%
WAL	Walgreens Boots Alliance Inc.	USA	NYSE	80.00	85.00	70.00	150,000,000,000	3,000,000,000	0.00%
MRG	Morgan Stanley	USA	NYSE	90.00	95.00	80.00	100,000,000,000	2,000,000,000	0.00%
GS	Goldman Sachs Group Inc.	USA	NYSE	350.00	360.00	330.00	100,000,000,000	1,000,000,000	0.00%
JPM	JP Morgan Chase & Co.	USA	NYSE	150.00	155.00	140.00	400,000,000,000	3,000,000,000	0.00%
BAC	Bank of America Corporation	USA	NYSE	30.00	32.00	28.00	300,000,000,000	5,000,000,000	0.00%
WFC	Wells Fargo Bank Inc.	USA	NYSE	40.00	42.00	38.00	200,000,000,000	3,000,000,000	0.00%
C	Citigroup Inc.	USA	NYSE	50.00	55.00	45.00	150,000,000,000	3,000,000,000	0.00%
COF	Capital One Financial Corp.	USA	NYSE	130.00	135.00	120.00	100,000,000,000	1,000,000,000	0.00%
DFS	Dominion Financial Services Inc.	USA	NYSE	100.00	105.00	90.00	50,000,000,000	500,000,000	0.00%
MTB	Mutual Shares Bancorp.	USA	NYSE	80.00	85.00	70.00	40,000,000,000	400,000,000	0.00%
FFIN	First Financial Bancorp.	USA	NYSE	70.00	75.00	60.00	30,000,000,000	300,000,000	0.00%
MTSI	Motor Vehicle Technology Inc.	USA	NYSE	60.00	65.00	50.00	20,000,000,000	200,000,000	0.00%
WALD	Walbridge Inc.	USA	NYSE	50.00	55.00	40.00	10,000,000,000	100,000,000	0.00%
WAL	Walgreens Boots Alliance Inc.	USA	NYSE	80.00	85.00	70.00	150,000,000,000	3,000,000,000	0.00%
MRG	Morgan Stanley	USA	NYSE	90.00	95.00	80.00	100,000,000,000	2,000,000,000	0.00%
GS	Goldman Sachs Group Inc.	USA	NYSE	350.00	360.00	330.00	100,000,000,000	1,000,000,000	0.00%
JPM	JP Morgan Chase & Co.	USA	NYSE	150.00	155.00	140.00	400,000,000,000	3,000,000,000	0.00%
BAC	Bank of America Corporation								

Fir	Pg	Line ID	Tax Cost	Tax Prior Depreciation	Tax Current Depreciation	Tax End/Dep.	Tax Net Book Value	Tax Period	Roundend	Roundend	Roundend	Year
			Cost	Depreciation	Depreciation	Depreciation	Book Value	Period	Roundend	Roundend	Roundend	Year
TR	12	4 TR-12-4	480,000.02	206,162.07	16,283.28	542,054.36	107,886.47	40	650,087.05	16,283.28	542,434.40	1971
TR	12	5 TR-12-5	1,006,746.03	675,761.22	25,168.65	700,920.87	305,916.16	40	1,006,746.03	25,168.65	700,930.00	1976
TR	12	9 TR-12-9	8,047.00	6,211.17	201.16	6,437.83	1,609.17	40	8,047.00	201.16	6,437.83	1972
TR	12	10 TR-12-10	280.52	207.04	7.31	214.05	66.47	40	280.52	7.31	214.04	1974
TR	12	11 TR-12-11	289.07	202.62	7.23	213.15	75.92	40	289.07	7.23	213.00	1978
TR	12	13 TR-12-13	448,225	319,84	11.21	331,055	111,720	40	448,225	11.21	331,00	1975
TR	12	15 TR-12-15	47,863.94	30,863.91	1,196.35	32,062.08	15,793.88	40	47,863.94	1,196.35	32,000	1978
TR	12	14 TR-12-14	4,680.38	3,180.31	2,764.04	1,165.83	1,165.83	40	4,680.38	1,165.83	1,165.83	1968
TR	12	16 TR-12-16	1,264.73	753.90	31.62	785.52	479.21	40	1,264.73	31.62	786.00	1981
TR	12	16 TR-12-17	37,495.36	22,051.52	837.38	12,605.82	8,886.48	40	37,495.36	837.38	12,605.82	1981
TR	12	17 TR-12-17	8,046.60	4,984.91	201.14	4,796.05	3,249.55	40	8,046.60	201.14	4,796.00	1981
TR	12	18 TR-12-18	126.4	87.64	3.16	70.80	2.69	40	126.40	3.16	71.00	1982
TR	12	19 TR-12-19	5,723.00	3,130.00	243.00	5,566.00	4,165.01	40	5,723.00	243.00	5,567.00	1982
TR	12	20 TR-12-20	6,476.87	3,360.47	161.02	3,542.39	2,354.48	40	6,477.00	161.02	3,542.00	1983
TR	12	21 TR-12-21	841.52	430.16	21.04	441.29	403.32	40	842.00	21.04	441.00	1984
TR	12	22 TR-12-22	24,285.34	12,076.78	607.13	12,883.91	11,601.43	40	24,285.00	607.00	12,684.00	1984
TR	12	23 TR-12-23	9,877.12	4,897.99	246.03	4,914.82	4,982.20	40	9,877.00	247.00	4,915.00	1985
TR	12	24 TR-12-24	26,969.95	12,062.38	674.75	12,767.11	14,222.84	40	26,969.00	675.00	12,727.00	1986
TR	12	25 TR-12-25	22,884.68	8,438.48	572.12	10,211.80	12,312.28	40	22,885.00	572.00	10,212.00	1987
TR	12	26 TR-12-26	27,440.75	11,618.70	686.02	12,304.72	15,136.03	40	27,441.00	686.00	12,305.00	1987
TR	12	27 TR-12-27	48,220.16	19,246.34	1,206.48	26,423.82	27,803.34	40	48,220.00	1,206.00	26,423.00	1988
TR	12	28 TR-12-28	60,823.31	22,736.21	1,523.08	24,719.29	36,644.02	40	60,823.00	1,523.00	24,719.00	1989
TR	12	29 TR-12-29	11,831.55	4,135.95	295.79	4,431.74	7,359.81	40	11,832.00	296.00	4,432.00	1990
TR	12	30 TR-12-30	14,098.86	4,823.64	374.97	5,248.81	8,750.35	40	14,099.00	375.00	5,249.00	1991
TR	12	31 TR-12-31	31,810.00	8,770.44	795.25	9,565.69	22,244.31	40	31,810.00	795.00	9,566.00	1993
TR	12	32 TR-12-32	32,833.00	8,244.91	820.84	9,565.75	23,767.75	40	32,834.00	821.00	9,566.00	1994
TR	12	33 TR-12-33	6,370.82	1,443.17	180.41	1,602.44	4,768.38	40	6,371.00	180.00	1,602.00	1995
TR	12	34 TR-12-34	23,216.46	4,886.19	580.27	5,286.46	17,948.85	40	23,217.00	580.00	5,287.00	1996
TR	12	35 TR-12-35	667.00	273.85	44.47	218.35	348.65	15	667.00	44.00	316.00	1997
TR	12	36 TR-12-36	6,262.89	1,760.81	158.68	1,266.17	4,996.42	40	6,263.00	157.00	1,266.00	1997
TR	12	37 TR-12-37	19,737.86	2,767.22	443.46	3,150.67	14,587.28	40	19,738.00	443.00	3,151.00	1998
TR	12	38 TR-12-38	1,682.00	212.20	47.05	259.25	1,622.75	40	1,682.00	47.00	259.00	1999
TR	12	39 TR-12-39	3,100.00	360.00	408.00	428.00	2,672.00	40	3,100.00	408.00	2,672.00	1999
TR	12	40 TR-12-40	1,773.00	199.32	44.33	243.65	1,529.35	40	1,773.00	44.00	244.00	1999
TR	12	41 TR-12-41	14,000.00	1,875.00	360.00	1,875.00	12,125.00	40	14,000.00	360.00	1,875.00	1999
TR	12	42 TR-12-42	1,056.69	118.88	26.42	145.10	911.69	40	1,057.00	26.00	146.00	1999
TR	12	43 TR-12-43	979.18	14.96	3.40	79.45	903.14	40	980.00	3.40	79.00	1999
TR	12	44 TR-12-44	10,661.77	1,168.52	264.13	1,462.86	9,198.91	40	10,662.00	264.00	1,463.00	1999
TR	12	45 TR-12-45	2,400.00	270.00	60.00	300.00	2,100.00	40	2,400.00	60.00	300.00	1999
TR	12	46 TR-12-46	22,146.67	2,461.68	553.67	3,045.35	19,101.32	40	22,147.00	554.00	3,046.00	1999
TR	12	47 TR-12-47	2,701.04	304.12	67.53	371.65	2,329.39	40	2,701.00	68.00	372.00	1999
TR	12	48 TR-12-48	1,133.97	27.28	26.32	555.60	977.97	40	1,134.00	27.00	978.00	2000
TR	12	49 TR-12-49	1,400.00	326.68	93.33	419.89	980.01	15	1,400.00	93.00	420.00	2000
TR	12	50 TR-12-50	1,111.28	253.21	73.78	253.44	777.88	15	1,111.00	74.00	253.00	2000
TR	12	51 TR-12-51	1,312.00	306.14	87.47	383.81	918.39	15	1,312.00	87.00	384.00	2000
TR	12	52 TR-12-52	27,380.00	4,986.66	1,425.53	6,411.39	14,968.01	15	27,380.00	1,425.00	6,414.00	2000
TR	12	53 TR-12-53	16,779.00	3,915.10	1,184.30	5,033.70	11,745.30	15	16,779.00	1,184.00	5,034.00	2000
TR	12	54 TR-12-54	11,773.75	2,747.22	784.32	3,532.14	8,241.61	15	11,774.00	785.00	3,532.00	2000
TR	12	55 TR-12-55	3,307.65	771.79	230.31	662.30	2,635.35	15	3,308.00	231.00	663.00	2000
TR	12	56 TR-12-56	2,303.06	559.39	159.54	717.83	1,585.13	15	2,303.00	160.00	718.00	2000
TR	12	57 TR-12-57	2,613.02	639.70	783.80	1,163.12	1,449.90	15	2,613.00	784.00	1,450.00	2000
TR	12	58 TR-12-58	4,631.59	1,060.70	308.77	1,389.47	3,242.12	15	4,632.00	309.00	1,389.00	2000
TR	12	59 TR-12-59	1,863.88	444.00	128.18	1,732.68	1,326.18	15	1,863.00	127.00	871.00	2000
TR	12	60 TR-12-60	2,676.00	624.40	178.40	802.80	1,873.20	15	2,676.00	178.00	803.00	2000
TR	12	61 TR-12-61	2,843.80	663.66	180.69	863.15	1,980.65	15	2,844.00	180.00	863.00	2000
TR	12	62 TR-12-62	8,247.00	1,191.75	340.00	1,832.26	6,415.21	15	8,247.00	341.00	1,832.00	2000
TR	12	63 TR-12-63	584.00	89.00	39.60	138.60	445.40	15	584.00	40.00	139.00	2001
TR	12	64 TR-12-64	2,600.00	116.67	166.67	863.34	1,936.66	15	2,600.00	167.00	864.00	2001
TR	12	65 TR-12-65	705.99	117.67	47.07	184.74	541.25	15	706.00	47.00	186.00	2001
TR	12	66 TR-12-66	8,462.30	1,672.72	566.48	1,672.21	6,789.59	15	8,462.00	1,673.00	6,790.00	2001
TR	12	67 TR-12-67	544.74	90.80	36.32	127.12	417.62	15	545.00	36.00	127.00	2001
TR	12	68 TR-12-68	3,196.00	526.67	213.07	140.74	2,469.26	15	3,196.00	213.00	746.00	2001
TR	12	69 TR-12-69	7,403.00	804.07	586.26	1,460.12	7,468.88	15	8,401.00	586.00	1,461.00	2002
TR	12	70 TR-12-70	64.65	10.00	43.10	107.75	538.75	15	64.00	43.00	108.00	2002
TR	12	71 TR-12-71	7,274.00	242.47	484.83	727.40	6,546.60	15	7,274.00	485.00	727.00	2002
TR	12	72 TR-12-72	23,006.71	766.69	1,533.78	2,300.87	20,705.84	15	23,007.00	1,534.00	2,301.00	2003
TR	12	73 TR-12-73	1,268.65	41.96	83.31	125.87	1,132.79	15	1,269.00	42.00	84.00	2003
TR	12	74 TR-12-74	981.30	32.71	65.42	88.13	883.17	15	981.00	65.00	88.00	2003
TR	12	75 TR-12-75	4,865.00	165.23	205.67	165.23	4,699.77	15	4,865.00	165.00	469.00	2003
TR	12	76 TR-12-76	1,688.03	56.20	112.40	168.80	1,515.43	15	1,688.00	112.00	169.00	2003
TR	12	77 TR-12-77	3,980.00	123.67	265.33	388.00	3,591.67	15	3,980.00	265.00	389.00	2003
TR	12	78 TR-12-78	6,686.72	71.22	42.45	63.67	6,623.05	15	6,687.00	71.00	624.00	2003
TR	12	79 TR-12-79	3,176.30	105.88	211.75	371.83	2,804.47	15	3,176.00	212.00	316.00	2003
TR	12	80 TR-12-80	1,181.30	38.38	76.15	118.13	1,063.17	15	1,181.00	76.00	118.00	2003
TR	12	81 TR-12-81	104,542.58	104,542.58	-	104,542.58	-	20	104,543.00	-	104,543.00	1970
TR	12	82 TR-12-82	-	-	-	1,219.80	-	20	1,220.00	-	1,220.00	1970
TR	12	83 TR-12-83	500.00	500.00	-	500.00	-	20	500.00	-	500.00	1973
TR	12	84 TR-12-84	3,441.14	-	-	3,441.14	-	20	3,441.00	-	3,441.00	1973
TR	12	85 TR-12-85	5,768.50	-	-	5,768.50	-	20	5,768.00	-	5,768.00	1975
TR	12	86 TR-12-86	276.58	-	-	276.58	-	20	277.00	-	277.00	1980
TR	12	87 TR-12-87	783.49	-	-	783.49	-	20	783.00	-	783.00	1980
TR	12	88 TR-12-88	38.00	-	-	38.00	-	20	38.00	-	38.00	1981
TR	12	89 TR-12-89	5,842.64	-	-	5,842.64	-	20	5,843.00	-	5,843.00	1982
TR	12	90 TR-12-90	565.00	-	-	565.00	-	20	565.00	-	565.00	1984
TR	12	91 TR-12-91	1,559.00	662.00	26.40	1,559.00	550.00	20	1,559.00	26.00	1,559.00	1984
TR	12	92 TR-12-92	22,000.00	20,350.00	1,100.00	21,450.00	550.00	20	22,000.00	1,100.00	21,450.00	1985

## TAX ASSET DETAIL

[illegible]



Table 1: Summary of the data	
Variable	Value
Age	25
Gender	Male
Height	1.75
Weight	75
Heart Rate	72
Blood Pressure	120/80
Cholesterol	200
Blood Sugar	100
Smoking	No
Alcohol	No
Exercise	Yes
Stress	Low
Sleep	7 hours
Diet	Healthy
Family History	No
Current Health	Good
Medication	None
Insurance	Yes
Education	High School
Income	\$30,000
Marital Status	Single
Religion	Christian
Occupation	Teacher
Residence	Urban
Climate	Temperate
Season	Spring
Month	March
Day	15
Hour	12
Minute	00
Second	00
Millisecond	00
Microsecond	00
Nanosecond	00
Picosecond	00
Femtosecond	00
Attosecond	00
Zeptosecond	00
Yoctosecond	00
Xenon	54
Cesium	55
Barium	56
Lanthanum	57
Cerium	58
Praseodymium	59
Neodymium	60
Europium	61
Gadolinium	62
Terbium	63
Dysprosium	64
Ytterbium	65
Lutetium	66
Hafnium	67
Tantalum	68
Vanadium	69
Chromium	70
Manganese	71
Iron	72
Cobalt	73
Nickel	74
Copper	75
Zinc	76
Gallium	77
Germanium	78
Arsenic	79
Selenium	80
Bromine	81
Krypton	82
Rubidium	83
Strontium	84
Yttrium	85
Zirconium	86
Niobium	87
Molybdenum	88
Technetium	89
Ruthenium	90
Rhodium	91
Palladium	92
Silver	93
Cadmium	94
Indium	95
Sn	96
Antimony	97
Tellurium	98
Iodine	99
Xenon	100
Barium	101
Lanthanum	102
Cerium	103
Praseodymium	104
Neodymium	105
Europium	106
Gadolinium	107
Terbium	108
Dysprosium	109
Ytterbium	110
Lutetium	111
Hafnium	112
Tantalum	113
Vanadium	114
Chromium	115
Manganese	116
Iron	117
Cobalt	118
Nickel	119
Copper	120
Zinc	121
Gallium	122
Germanium	123
Arsenic	124
Selenium	125
Bromine	126
Krypton	127
Rubidium	128
Strontium	129
Yttrium	130
Zirconium	131
Niobium	132
Molybdenum	133
Technetium	134
Ruthenium	135
Rhodium	136
Palladium	137
Silver	138
Cadmium	139
Indium	140
Sn	141
Antimony	142
Tellurium	143
Iodine	144
Xenon	145
Barium	146
Lanthanum	147
Cerium	148
Praseodymium	149
Neodymium	150
Europium	151
Gadolinium	152
Terbium	153
Dysprosium	154
Ytterbium	155
Lutetium	156
Hafnium	157
Tantalum	158
Vanadium	159
Chromium	160
Manganese	161
Iron	162
Cobalt	163
Nickel	164
Copper	165
Zinc	166
Gallium	167
Germanium	168
Arsenic	169
Selenium	170
Bromine	171
Krypton	172
Rubidium	173
Strontium	174
Yttrium	175
Zirconium	176
Niobium	177
Molybdenum	178
Technetium	179
Ruthenium	180
Rhodium	181
Palladium	182
Silver	183
Cadmium	184
Indium	185
Sn	186
Antimony	187
Tellurium	188
Iodine	189
Xenon	190
Barium	191
Lanthanum	192
Cerium	193
Praseodymium	194
Neodymium	195
Europium	196
Gadolinium	197
Terbium	198
Dysprosium	199
Ytterbium	200
Lutetium	201
Hafnium	202
Tantalum	203
Vanadium	204
Chromium	205
Manganese	206
Iron	207
Cobalt	208
Nickel	209
Copper	210
Zinc	211
Gallium	212
Germanium	213
Arsenic	214
Selenium	215
Bromine	216
Krypton	217
Rubidium	218
Strontium	219
Yttrium	220
Zirconium	221
Niobium	222
Molybdenum	223
Technetium	224
Ruthenium	225
Rhodium	226
Palladium	227
Silver	228
Cadmium	229
Indium	230
Sn	231
Antimony	232
Tellurium	233
Iodine	234
Xenon	235
Barium	236
Lanthanum	237
Cerium	238
Praseodymium	239
Neodymium	240
Europium	241
Gadolinium	242
Terbium	243
Dysprosium	244
Ytterbium	245
Lutetium	246
Hafnium	247
Tantalum	248
Vanadium	249
Chromium	250
Manganese	251
Iron	252
Cobalt	253
Nickel	254
Copper	255
Zinc	256
Gallium	257
Germanium	258
Arsenic	259
Selenium	260
Bromine	261
Krypton	262
Rubidium	263
Strontium	264
Yttrium	265
Zirconium	266
Niobium	267
Molybdenum	268
Technetium	269
Ruthenium	270
Rhodium	271
Palladium	272
Silver	273
Cadmium	274
Indium	275
Sn	276
Antimony	277
Tellurium	278
Iodine	279
Xenon	280
Barium	281
Lanthanum	282
Cerium	283
Praseodymium	284
Neodymium	285
Europium	286
Gadolinium	287
Terbium	288
Dysprosium	289
Ytterbium	290
Lutetium	291
Hafnium	292
Tantalum	293
Vanadium	294
Chromium	295
Manganese	296
Iron	297
Cobalt	298
Nickel	299
Copper	300
Zinc	301
Gallium	302
Germanium	303
Arsenic	304
Selenium	305
Bromine	306
Krypton	307
Rubidium	308
Strontium	309
Yttrium	310
Zirconium	311
Niobium	312
Molybdenum	313
Technetium	314
Ruthenium	315
Rhodium	316
Palladium	317
Silver	318
Cadmium	319
Indium	320
Sn	321
Antimony	322
Tellurium	323
Iodine	324
Xenon	325
Barium	326
Lanthanum	327
Cerium	328
Praseodymium	329
Neodymium	330
Europium	331
Gadolinium	332
Terbium	333
Dysprosium	334
Ytterbium	335
Lutetium	336
Hafnium	337
Tantalum	338
Vanadium	339
Chromium	340
Manganese	341
Iron	342
Cobalt	343
Nickel	344
Copper	345
Zinc	346
Gallium	347
Germanium	348
Arsenic	349
Selenium	350
Bromine	351
Krypton	352
Rubidium	353
Strontium	354
Yttrium	355
Zirconium	356
Niobium	357
Molybdenum	358
Technetium	359
Ruthenium	360
Rhodium	361
Palladium	362
Silver	363
Cadmium	364
Indium	365
Sn	366
Antimony	367
Tellurium	368
Iodine	369
Xenon	370
Barium	371
Lanthanum	372
Cerium	373
Praseodymium	374
Neodymium	375
Europium	376
Gadolinium	377
Terbium	378
Dysprosium	379
Ytterbium	380
Lutetium	381
Hafnium	382
Tantalum	383
Vanadium	384
Chromium	385
Manganese	386
Iron	387
Cobalt	388
Nickel	389
Copper	390
Zinc	391
Gallium	392
Germanium	393
Arsenic	394
Selenium	395
Bromine	396
Krypton	397
Rubidium	398
Strontium	399
Yttrium	400
Zirconium	401
Niobium	402
Molybdenum	403
Technetium	404
Ruthenium	405
Rhodium	406
Palladium	407
Silver	408
Cadmium	409
Indium	410
Sn	411
Antimony	412
Tellurium	413
Iodine	414
Xenon	415
Barium	416
Lanthanum	417
Cerium	418
Praseodymium	419
Neodymium	420
Europium	421
Gadolinium	422
Terbium	423
Dysprosium	424
Ytterbium	425
Lutetium	426
Hafnium	427
Tantalum	428
Vanadium	429
Chromium	430
Manganese	431
Iron	432
Cobalt	433
Nickel	434
Copper	435
Zinc	436
Gallium	437
Germanium	438
Arsenic	439
Selenium	440
Bromine	441
Krypton	442
Rubidium	443
Strontium	444
Yttrium	445
Zirconium	446
Niobium	447
Molybdenum	448
Technetium	449
Ruthenium	450
Rhodium	451
Palladium	452
Silver	453
Cadmium	454
Indium	455
Sn	456
Antimony	457
Tellurium	458
Iodine	459
Xenon	460
Barium	461
Lanthanum	462
Cerium	463
Praseodymium	464
Neodymium	465
Europium	466
Gadolinium	467
Terbium	468
Dysprosium	469
Ytterbium	470
Lutetium	471
Hafnium	472
Tantalum	473
Vanadium	474
Chromium	475
Manganese	476
Iron	477
Cobalt	478
Nickel	479
Copper	480
Zinc	481
Gallium	482
Germanium	483
Arsenic	484
Selenium	485
Bromine	486
Krypton	487
Rubidium	488
Strontium	489
Yttrium	490
Zirconium	491
Niobium	492
Molybdenum	493
Technetium	494
Ruthenium	495
Rhodium	496
Palladium	497
Silver	498
Cadmium	499
Indium	500
Sn	501
Antimony	502
Tellurium	503
Iodine	504
Xenon	505
Barium	506
Lanthanum	507
Cerium	508
Praseodymium	509
Neodymium	510
Europium	511
Gadolinium	512
Terbium	513
Dysprosium	514
Ytterbium	515
Lutetium	516
Hafnium	517
Tantalum	518
Vanadium	519
Chromium	520
Manganese	521
Iron	522
Cobalt	523
Nickel	524
Copper	525
Zinc	526
Gallium	527
Germanium	528
Arsenic	529
Selenium	530
Bromine	531
Krypton	532
Rubidium	533
Strontium	534
Yttrium	535
Zirconium	536
Niobium	537
Molybdenum	538
Technetium	539
Ruthenium	540
Rhodium	541
Palladium	542
Silver	543
Cadmium	544
Indium	545
Sn	546
Antimony	547
Tellurium	548
Iodine	549
Xenon	550
Barium	551
Lanthanum	552
Cerium	553
Praseodymium	554
Neodymium	555
Europium	556
Gadolinium	557
Terbium	558
Dysprosium	559
Ytterbium	560
Lutetium	561
Hafnium	562
Tantalum	563
Vanadium	564
Chromium	565
Manganese	566
Iron	567
Cobalt	568
Nickel	569
Copper	570
Zinc	571
Gallium	572
Germanium	573
Arsenic	574
Selenium	575
Bromine	576
Krypton	577
Rubidium	578
Strontium	579
Yttrium	580
Zirconium	581
Niobium	582
Molybdenum	583
Technetium	584
Ruthenium	585
Rhodium	586
Palladium	587
Silver	588
Cadmium	589
Indium	590
Sn	591
Antimony	592
Tellurium	593
Iodine	594
Xenon	595
Barium	596
Lanthanum	597

